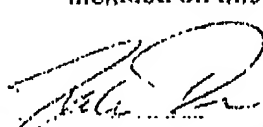


FEB 15 2006

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Kevin George Harding			121325-1
Application No. 10/065,882	Filing Date November 27, 2002	Examiner Lamb	Group Art Unit 2656
Invention: MULTI-LAYER HOLOGRAPHIC DATA RECORDING METHOD			
<p>I hereby certify that this <u>Amendment Transmittal (1 page) and Amendment (9 pages)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>February 15, 2006</u> (Date)</p> <p>Tracy A. Axiak (Typed or Printed Name of Person Signing Certificate)</p> <p><i>Tracy A. Axiak</i> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

FEB 15 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 121325-1	
Applicant(s): Kevin George Harding						
Application No. 10/065,882	Filing Date November 27, 2002	Examiner Lamb	Customer No. 23413	Group Art Unit 2656	Confirmation No. 5283	
Invention: MULTI-LAYER HOLOGRAPHIC DATA RECORDING METHOD						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	7 -	22 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	7 -	8 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: February 15, 2006			
Ira M. Turner Registration No. 53,887 Phone No. 860-286-2929			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Via Facsimile _____ Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						

CENTRAL FAX CENTER

121325-1
GSI 0005

FEB 15 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Kevin George Harding)
) Group Art Unit: 2656
Serial No.:	10/065,882)
)
Filed:	November 27, 2002) Examiner: Lamb
)
For:	Multi-layer Holographic Data)
	Recording Method)

VIA FACSIMILE: 571-273-8300

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

This Amendment and Response is submitted in response to the Office Action dated January 24, 2006.

Please amend the Application as follows:

CERTIFICATE OF MAILING OR TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to 571-273-8300 to the United States Patent and Trademark Office on the date shown below.		
Tracy A. Aliak Name	<i>Tracy A. Aliak</i> Signature	2/15/06 Date